FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1054311

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00

SEC USE ONLY					
Prefix	1	Serial			
DATE RECEIVED					
	ı	1			

Name of Offering (check if this is an amendment and name ha	s changed, and indicate change.)		
San Diego Soccer Development Corporation - GoloLotto		· ^	
Filing Under (Check box(es) that apply): Rule 504 Rule Type of Filing: New Filing Amendment	505 Rule 506 Section 4(6)	□ ULOE	
A. BASIC	IDENTIFICATION DATA	RECEIVED	
1. Enter the information requested about the issuer		1000 M 5 2003	
Name of Issuer (check if this is an amendment and name has check San Diego Soccer Development Corporation	hanged, and indicate change.)	WALL OF THE RESERVE OF THE PERSON OF THE PER	
Address of Executive Offices (Number	er and Street, City, State, Zip Code)	Telephone Number (Including	Area Code)
3803 Mission Blvd., Suite 290, San Diego, CA 92109		(858) 488-7775	
Address of Principal Business Operations (Numb (if different from Executive Offices)	per and Street, City, State, Zip Code)	Telephone Number (Including	Area Code)
Brief Description of Business Distribution of soccer magazine and online sale of soccer equipment.		PRC	CESSE
Type of Business Organization corporation business trust limited partnership, all limited partnership, to	· — ·	lease specify):	THOMSON FINANCIAL
Month Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. CN for Canada: FN	9 5 Actual Estir	nated	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Str

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	Each general and man	naging partner of	partnership issuers.		·	
### State Beneficial Owner Executive Officer Director General and/or Managing Partner ### Director General and/or Managing Partner #### Director General and/or Managing Partner #### Director General and/or Managin		Promoter	Beneficial Owner	X · Executive Officer	Director	
### Substance Beneficial Owner Executive Officer Director General and/or Managing Partner	·····	ndividual)			•	
heck Box(es) that Apply:						
makeller, Shane Managing Partner				de)		
### State ### St		Promoter	Beneficial Owner	Executive Officer	Director	
Abeck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Beneficial Owner Executive Officer Director General and/or Managing Partner Box Mission Blvd., Suite 290. San Diego. CA 92130 Beneficial Owner Executive Officer Director General and/or Managing Partner Box Mission Blvd., Suite 290. San Diego. CA 92130 Beneficial Owner Executive Officer Director General and/or Managing Partner Box Mission Blvd., Suite 290. San Diego. CA 92130 Beneficial Owner Executive Officer Director General and/or Managing Partner Beneficial Owner Beneficial Owner Executive Officer Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner General and/or Managing Partner Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Beneficial Owner General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Beneficial Owner General and/or Managing Partner Beneficial Owner Beneficial Owner Beneficial Owner Beneficial Owner General		ndividual)				
Ausiness or Residence Address (Number and Street, City, State, Zip Code) Theek Box(es) that Apply:	803 Mission Blvd., Suite 290, S	San Diego, CA 92	130			•
Managing Partner aul, Lonn Wanne (Last name first, if individual)				de)		
### Will Name (Last name first, if individual) #### Name (Last name first, if individual) ####################################		Promoter	Beneficial Owner	Executive Officer	Director	LI
Ausiness or Residence Address (Number and Street, City, State, Zip Code) Secutive Officer Code Code		ndividual)	·			
usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply:		,	130			
Managing Partner Managing Partner				ode)		
all Name (Last name first, if individual) 803 Mission Blvd., Suite 290, San Diego, CA 92130 usiness or Residence Address (Number and Street, City, State, Zip.Code) heck Box(es) that Apply:	heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
So3 Mission Blvd., Suite 290, San Diego, CA 92130 suiness or Residence Address (Number and Street, City, State, Zip.Code) sheck Box(es) that Apply:		ndividual)				
asiness or Residence Address (Number and Street, City, State, Zip.Code) Seek Box(es) that Apply:	•		120			
Managing Partner				ode)		
all Name (Last name first, if individual) 803 Mission Blvd., Suite 290, San Diego, CA 92130 usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner ull Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner		Promoter	Beneficial Owner	Executive Officer	Director	
Bos Mission Blvd., Suite 290, San Diego, CA 92130 usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner ull Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	- · · · · · · · · · · · · · · · · · · ·	ndividual)			· · · · · · · · · · · · · · · · · · ·	-
usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply:			120			
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner ull Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner				ode)		
Managing Partner ull Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner		_ (
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	ull Name (Last name first, if i	ndividual)				
Managing Partner	usiness or Residence Address	s (Number and St	reet, City, State, Zip Co	ode)		<u> </u>
all Name (Last name first, if individual)	heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
	all Name (Last name first if i	individual)				
	, Save mante that, II I					
tusiness or Residence Address (Number and Street, City, State, Zip Code)	susiness or Residence Addres	s (Number and St	reet, City, State, Zin Co	ode)		
		- C. Tarris, Or Williams				•

	B. INFORMATION ABOUT OFFERING					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No X			
	Answer also in Appendix, Column 2, if filing under ULOE.					
2.	2. What is the minimum investment that will be accepted from any individual?					
,	Describe official and it is into a consistent of a simple control	Yes	.No			
3. 4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	Ш.	×			
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Ful	Il Name (Last name first, if individual)					
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)					
Na	me of Associated Broker or Dealer					
Sta	ntes in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	. 🔲 A11	States			
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID			
	IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK	OR	MO PA			
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR			
Ful	Il Name (Last name first, if individual)					
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)					
Na	me of Associated Broker or Dealer					
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	A1	1 States -			
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID I			
	IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK	OR	MO PA			
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR			
Ful	Full Name (Last name first, if individual)					
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)					
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID			
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO			
	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	OR WY	PA			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Am	Sold
	Debt\$	0.00	\$	0.00
	Equity\$	45,000.00	\$	45,000.00
	Common Preferred	,		
	Convertible Securities (including warrants)	0.00	\$	0.00
	Partnership Interests\$	0.00	\$	0.00
	Other (Specify)	0.00	\$	0.00
	Total\$		\$	45,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A considerate
		Number Investors		Aggregate ollar Amount of Purchases
	Accredited Investors	. 1	\$	45,000.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	1	s	45,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	D	ollar Amount Sold
	Rule 505	•	\$	
	Regulation A			
			S	
			_,	<u> </u>
	Rule 504		-	
4.	Rule 504		-	
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-	30.00
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	\	_ \$_ _ \$_	
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	X	\$\$ \$ \$	30.00
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees		\$ \$ \$ \$	30.00
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees		\$\$_ \$ \$ \$ \$	30.00 0.00 500.00
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	× × × × × × × × × × × × × × × × × × ×	\$\$ \$\$ \$\$	30.00 0.00 500.00 0.00
4.	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees		\$\$ \$ \$ \$ \$	30.00 0.00 500.00 0.00

	b. Enter the difference between the aggregate offering price given in response to Part C—Question I and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross			
	proceeds to the issuer."		\$	44,470.00
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.			
		Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees	\$ 0.00	X \$	0.00
	Purchase of real estate	\$ 0.00	X \$	0.00
	Purchase, rental or leasing and installation of machinery and equipment	3 s 0.00	X \$	0.00
	Construction or leasing of plant buildings and facilities	S 0.00	X \$	0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	₫ \$ 0.00	⊠ \$	44,47 0.00
	Repayment of indebtedness			
	Working capital	\$ 0.00		
		₹ \$ 0.00	X \$	0.00
		3 s 0.00	X s	0.00
	Column Totals	\$ 0.00	X s	44,470.00
	Total Payments Listed (column totals added)	X \$_	44,4	70.00
_	D. FEDERAL SIGNATURE			
ign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice lature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writt		
2011	er (Print or Type))nte		

Issuer (Print or Type)	Signature	Date	
San Diego Soccer Development Corporation		April 10, 2003	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Yan K. Skwara	Chief Executive Officer		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)